



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan, Inc.

NAIC Group Code	0707	(Current Period)	,	0707	(Prior Period)	NAIC Company Code	95467	Employer's ID Number	38-3204052
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan			
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []			Property/Casualty []			Dental Service Corporation []		
	Vision Service Corporation []			Other []			Health Maintenance Organization [X]		
	Hospital, Medical & Dental Service or Indemnity []			Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	01/11/1994				Commenced Business	10/11/1994			
Statutory Home Office	17117 W. Nine Mile Rd., Suite 1600				Southfield, MI 48075				
	(Street and Number)				(City or Town, State and Zip Code)				
Main Administrative Office	17117 W. Nine Mile Rd, Suite 1600								
	Southfield, MI 48075				248-559-5656				
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	17117 W. Nine Mile Rd., Suite 1600				Southfield, MI 48075				
	(Street and Number or P.O. Box)				(City or Town, State and Zip Code)				
Primary Location of Books and Records	17117 W. Nine Mile Rd, Suite 1600								
	Southfield, MI 48075				248-331-4284				
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)				
Internet Website Address	www.glhp.com								
Statutory Statement Contact	Chris A. Scherer				248-331-4284				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	cscherer@glhp.com				248-556-4640				
	(E-mail Address)				(FAX Number)				

OFFICERS

Name	Title	Name	Title
Chris A. Scherer	President	Eric Wexler	Secretary
Robert W. Oberrender	Treasurer		

OTHER OFFICERS

Dawn Koehler	VP Government Affairs	Lisa Ann Gray	Chief Operating Officer
Kara Jean Rios #	VP Finance	Rachel Godwin #	VP Health Services
John William Kelly #	VP Tax Services		

DIRECTORS OR TRUSTEES

Rodney C. Armstead M.D. #	Chris A. Scherer #	William E. Ralston	Laura A. Spicer #
John J. Kaelin #			

State of

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County of

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Chris A. Scherer
President

Eric Wexler
Secretary

Robert W. Oberrender
Treasurer

Subscribed and sworn to before me this
day of ,

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	127,103,382	28.4	2,031,047	1,153.6	0	127,103,382
2. Intermediaries	0	0.0		0.0		
3. All other providers	6,160,824	1.4		0.0	0	6,160,824
4. Total capitation payments	133,264,206	29.8	2,031,047	1,153.6	0	133,264,206
Other Payments:						
5. Fee-for-service	35,231,412	7.9	XXX	XXX		35,231,412
6. Contractual fee payments	279,232,875	62.4	XXX	XXX		279,232,875
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	314,464,287	70.2	XXX	XXX	0	314,464,287
13. Total (Line 4 plus Line 12)	447,728,493	100 %	XXX	XXX	0	447,728,493

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	991,730		972,314	19,415	19,415	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	991,730	0	972,314	19,415	19,415	0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0707	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2008				NAIC Company Code		95467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	160,502								160,502	.0
2. First Quarter	165,094								165,094	
3. Second Quarter	168,394							164	168,230	
4. Third Quarter	172,062							273	171,789	
5. Current Year	176,055							298	175,757	
6. Current Year Member Months	2,031,538							2,019	2,029,519	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,004,062							4,292	999,770	
8. Non-Physician	644,027							2,897	641,130	
9. Total	1,648,089	0	0	0	0	0	0	7,189	1,640,900	0
10. Hospital Patient Days Incurred	80,693							498	80,195	
11. Number of Inpatient Admissions	18,591							72	18,519	
12. Health Premiums Written (b).....	541,549,836							2,068,667	539,481,169	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	541,549,836							2,068,667	539,481,169	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	447,728,493							834,198	446,894,295	
18. Amount Incurred for Provision of Health Care Services	451,371,075							1,011,352	450,359,723	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 2,068,667



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REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0707	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2008					NAIC Company Code	95467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	160,502	0	0	0	0	0	0	0	160,502	0
2. First Quarter	165,094	0	0	0	0	0	0	0	165,094	0
3. Second Quarter	168,394	0	0	0	0	0	0	164	168,230	0
4. Third Quarter	172,062	0	0	0	0	0	0	273	171,789	0
5. Current Year	176,055	0	0	0	0	0	0	298	175,757	0
6. Current Year Member Months	2,031,538	0	0	0	0	0	0	2,019	2,029,519	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,004,062	0	0	0	0	0	0	4,292	999,770	0
8. Non-Physician	644,027	0	0	0	0	0	0	2,897	641,130	0
9. Total	1,648,089	0	0	0	0	0	0	7,189	1,640,900	0
10. Hospital Patient Days Incurred	80,693	0	0	0	0	0	0	498	80,195	0
11. Number of Inpatient Admissions	18,591	0	0	0	0	0	0	72	18,519	0
12. Health Premiums Written (b).....	541,549,836	0	0	0	0	0	0	2,068,667	539,481,169	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	541,549,836	0	0	0	0	0	0	2,068,667	539,481,169	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	447,728,493	0	0	0	0	0	0	834,198	446,894,295	0
18. Amount Incurred for Provision of Health Care Services	451,371,075	0	0	0	0	0	0	1,011,352	450,359,723	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 2,068,667

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Great Lakes Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,316	1,202	940	1,106	799
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	1,618	0	0	0	79
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	93,119,193		93,119,193
2. Accident and health premiums due and unpaid (Line 13).....	0		0
3. Amounts recoverable from reinsurers (Line 14.1).....	1,617,953	(1,617,953)	0
4. Net credit for ceded reinsurance.....	XXX	1,617,953	1,617,953
5. All other admitted assets (Balance).....	3,125,107		3,125,107
6. Total assets (Line 26)	97,862,253	0	97,862,253
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	42,314,983	0	42,314,983
8. Accrued medical incentive pool and bonus payments (Line 2).....	856,501		856,501
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	4,752,232		4,752,232
13. Total liabilities (Line 22).....	47,923,716	0	47,923,716
14. Total capital and surplus (Line 31).....	49,938,537	XXX	49,938,537
15. Total liabilities, capital and surplus (Line 32)	97,862,253	0	97,862,253
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	1,617,953		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	1,617,953		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	1,617,953		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	27-0015861	ACN Group of California, Inc.....				(44,527)	1,640,194				1,595,667	
	41-4591944	ACN Group, Inc.....				89,488	70,183,381				70,272,869	
82406	35-1665915	All Savers Insurance Company.....				(7,152)	(5,981)	16,575			9,423	(24,348)
73130	35-1744596	All Savers Life Insurance Company of Cal.....				(5,981)	(5,981)				(5,981)	
97179	86-0207231	American Medical Security Life Insurance.....	(140,000,000)				10,906,215	996,045			(128,097,740)	(108,593)
	54-1743141	AmeriChoice Health Services, Inc.....					119,886,642				119,886,642	
13178	26-2481299	AmeriChoice of Connecticut, Inc.....		1,500,000			(152,995)				1,347,005	
13168	26-2688274	AmeriChoice of Georgia, Inc.....		3,000,000							3,000,000	
95497	22-3368602	AmeriChoice of New Jersey, Inc.....	(16,000,000)				(60,844,614)				(76,844,614)	
95033	54-1495918	AmeriChoice of Pennsylvania, Inc.....	(6,900,000)				(12,355,445)	(11,156,498)			(30,411,943)	29,183,573
	86-0813232	Arizona Physicians IPA, Inc.....	(15,000,000)								(15,000,000)	
95440	35-1736982	Arnett HMO, Inc.....				(645,792)	(2,107,943)	(36,553)			(2,790,288)	
	00-0000000	Arnett Practice Association, LLC.....				645,792					645,792	
	94-3111105	Behavioral Health Administrators.....					19,043				19,043	
	88-0267857	Behavioral Healthcare Options, Inc.....					12,831,069				12,831,069	
	95-4188244	CII Financial, Inc.....					(925,044)				(925,044)	
	52-1452809	Dental Benefit Providers of California.....					(2,433,936)				(2,433,936)	
52053	36-4008355	Dental Benefit Providers of Illinois, In.....					(854,801)				(854,801)	
	41-2014834	Dental Benefit Providers, Inc.....					98,133,866				98,133,866	
	00-0000000	Duncan Printing Services, LLC.....	(13,000,000)								(13,000,000)	
	84-1162764	Electronic Network Systems, Inc.....					21,953				21,953	
13214	26-2697886	Evercare of New Mexico, Inc.....		3,500,000							3,500,000	
11141	91-2008361	Evercare of Texas, L.L.C.....	(50,000,000)				(97,581,138)				(147,581,138)	
	88-0223385	Family Health Care Services.....					27,923,146				27,923,146	
	88-0257036	Family Home Hospice, Inc.....					681,661				681,661	
	37-0855360	Golden Rule Financial Corporation.....					4,957,128				4,957,128	
62286	37-6028756	Golden Rule Insurance Company.....	(147,374,000)				(40,560,561)	(16,575)			(187,951,136)	24,348
95467	38-3204052	Great Lakes Health Plan, Inc.....					(47,589,381)	(1,047,998)			(48,637,379)	1,617,953
96342	88-0201035	Health Plan of Nevada, Inc.....	(12,000,000)				(542,444,510)	(695,546)		9,920,257	(545,219,799)	
	95-4763349	HealthAllies, Inc.....					907,367				907,367	
81450	38-2346432	IBA Health and Life Assurance Company.....	(5,000,000)				1,270,799				(3,729,201)	
	86-0477097	Information Network Corporation.....					11,645,293				11,645,293	
	41-1858498	Ingenix, Inc.....					841,692				841,692	
	00-0000000	MAMSI Insurance Resources, LLC.....					13,304,747				13,304,747	
60321	52-1803283	MAMSI Life and Health Insurance Company.....	(14,351,600)				(38,815,693)				(53,167,293)	
96310	52-1169135	MD-Individual Practice Association, Inc.....	(4,762,000)				(82,515,817)	(633,833)			(87,911,650)	
	22-3341467	Medical Network, Inc.....					26,033				26,033	
	00-0000000	Mid Atlantic Medical Services, LLC.....					62,779,208				62,779,208	
	39-1653251	Midwest Security Administrators, Inc.....					(3,170,712)				(3,170,712)	
	39-1624025	Midwest Security Care, Inc.....					206,152				206,152	
79480	35-1279304	Midwest Security Life Insurance Company.....	(15,000,000)				(2,626,462)				(17,626,462)	
	41-1485369	National Benefit Resources, Inc.....					21,913,473				21,913,473	
95251	76-0196559	National Pacific Dental, Inc.....	(2,000,000)				(1,404,638)				(3,404,638)	
95123	65-0996107	Neighborhood Health Partnership, Inc.....	(21,308,000)				(68,170,840)				(89,478,840)	
95758	88-0228572	Nevada Pacific Dental, Inc.....					(5,628,868)				(5,628,868)	
	00-0000000	OneNet PPO, LLC.....	(3,500,000)				469,048				(3,030,952)	
96940	52-1518174	Optimum Choice, Inc.....	(12,490,000)				(70,091,823)	(645,627)			(83,227,450)	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	47-0858534	OptumHealth Bank, Inc.....					289,570				289,570	
	41-1921983	OptumHealth, Inc.....					10,983,009				10,983,009	
78026	22-2797560	Oxford Health Insurance, Inc.....	(250,000,000)				(174,682,884)	(190,962,030)			(615,644,914)	245,791,014
96798	06-1181201	Oxford Health Plans (CT), Inc.....	(13,700,000)				(5,705,669)	(177,125)			(19,582,794)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.....	(45,000,000)				(22,016,598)	(2,489,070)			(69,505,668)	249,772
95479	06-1181200	Oxford Health Plans (NY), Inc.....	(250,000,000)				(62,579,042)				(312,579,042)	
	00-0000000	Oxford Heath Plans LLC.....					174,682,884				174,682,884	
	94-2904953	Pacific Union Dental, Inc.....	(2,500,000)				(2,217,434)				(4,717,434)	
	95-4166547	PacifiCare Behavioral Health of Californ.....	(29,359,000)				120,073,297				90,714,297	
	33-0538634	PacifiCare Behavioral Health, Inc.....	(25,000,000)				38,760,929			(1,471,520)	12,289,409	
	95-2797931	PacifiCare Dental.....	(3,600,000)				(5,327,805)			(249,741)	(9,177,546)	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.....					(282,306)			(18,440)	(300,746)	
	35-1508167	PacifiCare Health Plan Administrators, I.....	25,000,000			(44,961)	505,602,503			(26,402,835)	504,154,707	
70785	35-1137395	PacifiCare Life and Health Insurance Com.....	(78,275,000)				(145,748,685)	(443,988)		121,843,159	(102,624,514)	179,200
84506	95-2829463	PacifiCare Life Assurance Company.....	(13,518,000)				(19,691,786)	85,986		(2,331,464)	(35,455,264)	
95617	94-3267522	PacifiCare of Arizona, Inc.....	(66,309,000)				(160,015,583)	(1,170,930)			(227,495,513)	
	95-2931460	PacifiCare of California.....	(262,300,000)				106,688,889			(56,123,864)	(211,734,975)	
95434	84-1011378	PacifiCare of Colorado, Inc.....	(74,764,000)				(93,413,834)	(875,252)		(6,575,802)	(175,628,888)	
95685	86-0875231	PacifiCare of Nevada, Inc.....	(120,250,000)				(88,965,549)	(81,349)		(1,636,712)	(210,933,610)	
96903	33-0115166	PacifiCare of Oklahoma, Inc.....	(28,200,000)				(36,697,207)			(2,357,690)	(67,254,897)	
95893	93-0938819	PacifiCare of Oregon, Inc.....	(30,000,000)				(78,473,032)	(75)		(2,055,404)	(110,528,511)	
95174	33-0115163	PacifiCare of Texas, Inc.....	(137,900,000)				(200,023,165)	(1,744,309)			(339,667,474)	
48038	91-1312551	PacifiCare of Washington.....	(22,800,000)				(61,177,364)	1,359			(83,976,005)	
	94-3252033	PacificDental Benefits, Inc.....					9,250,940				9,250,940	
	33-0441200	RxSolutions, Inc.....					(2,067,016,016)			(16,259,177)	(2,083,275,193)	
	98-0361995	Salveo Insurance Company, Ltd.....	(40,000,000)								(40,000,000)	
	98-0361580	Sheridan RE, Inc.....		5,000,000							5,000,000	
71420	94-0734860	Sierra Health & Life Insurance Co., Inc.....					(1,747,373)	281,982			(1,465,391)	
	88-0200415	Sierra Health Services, Inc.....					140,982,767			(9,920,257)	131,062,510	
	88-0254322	Sierra Health-Care Options, Inc.....					(475,496)				(475,496)	
	88-0385705	Sierra Home Medical Products, Inc.....					29,722,477				29,722,477	
	88-0201420	Southwest Medical Associates, Inc.....					314,717,260				314,717,260	
	52-1900090	Special Risk International, Inc.....					1,676,918				1,676,918	
	52-1260282	Spectera, Inc.....					69,527,943				69,527,943	
	25-1825549	Three Rivers Holdings, Inc.....		(3,000,000)			3,464,551				464,551	
	94-3077084	U.S. Behavioral Health Plan, California.....	(4,500,000)				(6,073,493)				(10,573,493)	
91529	52-1996029	Unimerica Insurance Company.....		66,000,000			(35,137,709)				30,862,291	
11596	01-0637149	Unimerica Life Insurance Company of New.....		10,000,000			(959,130)				9,040,870	
	25-1877716	Unison Administrative Services, LLC.....					160,760,475				160,760,475	
12012	55-0867089	Unison Family Health Plan of Pennsylvani.....					(7,003,683)				(7,003,683)	
	51-0501506	Unison Health Holdings of Ohio, Inc.....					3,273,623				3,273,623	
12620	20-5917714	Unison Health Plan of Delaware, Inc.....		2,000,000			(10,152,817)				(8,152,817)	
	20-3330714	Unison Health Plan of New Jersey, Inc.....					45,832				45,832	
12323	56-2451429	Unison Health Plan of Ohio, Inc.....					(33,660,208)				(33,660,208)	
95220	25-1756858	Unison Health Plan of Pennsylvania, Inc.....					(88,059,763)				(88,059,763)	
11775	32-0062883	Unison Health Plan of South Carolina, In.....					(9,311,591)				(9,311,591)	
11139	62-1839257	Unison Health Plan of Tennessee, Inc.....					(12,814,998)				(12,814,998)	

39.2

39.2

39.2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|---|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|---------------------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |SEE EXPLANATION..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |SEE EXPLANATION..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |SEE EXPLANATION..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |SEE EXPLANATION..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |YES..... |

APRIL FILING

- | | |
|---|---------------------------|
| 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |SEE EXPLANATION..... |
| 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |SEE EXPLANATION..... |
| 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |SEE EXPLANATION..... |

EXPLANATION:

9. NONE

10. NONE

11. NONE

12. NONE

13. NONE

14. NONE

16. NONE

17. NONE

18. NONE

BAR CODE:

OVERFLOW PAGE FOR WRITE-INS

Medicare Part D Coverage Supplement
NONE

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(http://www.naic.org/committees_e_app_blanks.htm)

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